

**CBADP  
REQUEST FOR APPROVAL OF  
CONTINUING PROFESSIONAL TRAINING**

Date Submitted: \_\_\_\_\_

Name of Training Event: \_\_\_\_\_

Is there a Registration Fee for this Training Event?    No ☐    Yes ☐    Amount \$ \_\_\_\_\_

Sponsoring Agency: \_\_\_\_\_

Date of Activity: \_\_\_\_\_

Hours of Continuing Professional Training Requested: \_\_\_\_\_

Location of Activity (Site): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Instructor(s): \_\_\_\_\_

Qualifications of Instructor(s): (Sponsoring Agency attach Vitae): \_\_\_\_\_

**Documentation of Training Event must be attached. (Include Brochures, Course Descriptions, Course Syllabus, Time Frames, Agenda, etc., to assist in evaluating the validity of the training.**

Information of Person Submitting this Form:

Name: \_\_\_\_\_

I am attending this event: ☐                      OR                      I am a sponsor representative: ☐

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**COMPLETE THE ABOVE INFORMATION AND SUBMIT ORIGINAL AND ONE COPY OF THIS FORM,  
ALONG WITH THE TRAINING DOCUMENTATION, TO:  
CBADP, 3101 West 41<sup>st</sup> Street, Suite 205, Sioux Falls, SD 57105**

**APPROVAL:** The CBADP Administrative Office will complete this section, and one copy of this form will be returned to you for your records.

THIS TRAINING EVENT HAS BEEN APPROVED FOR:

\_\_\_\_\_ Hours of Continuing Professional Training

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

*Reproduction of this form is encouraged.*